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DECLARATION			Attorney Do	cket Number	ALZ 5015 R1 / ARC 3222	
AND POWER OF ATTORNEY FOR UTILITY OR DESIGN		First Named	Inventor	Samuel Zalipsky		
			COMPLETE IF KNOWN			
	APPLICATION CFR 1.63)		Application I	Number	Not yet assigned	
Declaration Submitted with Initial Filing	OR Initial Filing (Sι	ırcharge	Filing Date		Filed herewith	
	(37 CFR 1.16(e)		Group Art U	nit	Not yet assigned	
			Examiner Na	ame	Not yet assigned	
As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Method To Reduce Liposome-Induced Complement Activation (Title of the Invention)						
the specification of which						
OR						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached? YES NO	
	ation numbers are liste	d on a suppl	emental priori	U data sheet P	TO/SB/02B attached hereto:	

 						
DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)					
60/451,362 60/524,176	February 28, 2003 November 21, 2003	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
I hereby appoint:						
Practitioners at Customer Number	Place Customer Number Bar Code Label Here					
AND		Laberriere				
Practitioner(s) named below: Name Angela Nwaneri Samuel E. Webb David Abraham as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in States Patent and Trademark Office connected therewith.						
Address all telephone calls to Judy M. Mohr at telephone number (650) 564-2867.						
Customer Number Direct all correspondence to:						
Name:						
Address:						
Address:						
City:	State:	ZIP				
Country	Telephone:	Fax:				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Samuel or Surname Zalipsky Inventor's Date Signature Residence: City Redwood City **Country USA** Citizenship U.S.A Mailing Address 1202 Truman Street Redwood City State CA ZIP 94061 Country U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Yechezkel or Surname Barenholz Inventor's Signature Date Residence: City State JERUSALEM Country ISRAEL Citizenship ISRAEL **Mailing Address** State JERUSALEM **ZIP** 91120 Country ISRAEL I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: ☐ A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship **Mailing Address** ZIP State Country City